Critical Care Nurses Facing Trauma as 2020—The Year of the Nurse—Ends

Meropi MPOUZIKA, RN, MSc, PhD,[a] Maria KARANIKOLA, RN, MSc, PhD,[b] and Elizabeth PAPATHANASSOGLOU, RN, MSc, PhD[c]

Keywords: Year of the Nurse, PTSD, STS, trauma, critical care nurses, COVID-19

A few months before the end of 2019, the World Health Organization (WHO) designated 2020 as the International Year of the Nurse and Midwife. By increasing the public's awareness of nurses' and midwives' important contributions to health and disease, the WHO wished to advocate for the need to increase the global nursing workforce, and to highlight the challenging conditions nurses and midwives often face (WHO, 2020). Ironically, with the global pandemic of coronavirus disease-19 (COVID-19) both the vital role of nurses, as well as their challenges and immense shortages worldwide became painfully evident. We expected a year of reflective celebration and strategic planning for the future, instead, the pandemic pulled nurses into the "trenches" of an ongoing war. In 2020, the whole world was talking about nurses, not in a spirit of celebration, but rather in recognition of their vital contributions and sacrifices as frontline healthcare professionals in the battle with the novel coronavirus, especially, as the pandemic broke out in a context of increased nursing staff shortages (Drennan & Ross, 2019). Reports from hospitals are alarming. At the end of October 2020, the International Council of Nurses (ICN) announced the death of 1500 nurses in 44 countries (ICN, 2020), whereas they speculate the actual number of deaths to be much higher, as the global number of positive COVID-19 nurses is unknown, owing to the lack of systematic collection of data on healthcare workers' infection and fatality rate.

A Centers for Disease Control (CDC) study in the USA concluded that critical care staff, and especially nurses, have a higher risk of contracting COVID-19 (Kambhampati et al., 2020). Critical care nurses probably have the closest contact with critically ill COVID-19 patients than any other group. Often, they are the only ones entering isolation rooms to assess patients, tend to their needs, titrate medications and ventilator settings. As critical care patients are struggling in isolation, nurses may be the only ones there to provide relief and to liaise with the family, and often the only ones providing comfort to the dying. This has taken a tremendous toll on critical care nurses who face unprecedented levels of psychological distress, which may lead to post-traumatic stress disorder (PTSD) symptoms (Chew et al., 2020) and secondary traumatic stress (STS) experiences (Marzetti et al., 2020).

PTSD AND STS SYMPTOMS IN CRITICAL CARE NURSES FACING THE COVID-19 PANDEMIC

PTSD is defined as a syndrome occurring after direct exposure to a severe traumatic event (American Psychiatric Association, 2013). Research evidence demonstrates high prevalence

[a]*Assistant Professor, Department of Nursing, School of Health Sciences, Cyprus University of Technology, Limassol, Cyprus*
[b]*Associate Professor, Department of Nursing, School of Health Sciences, Cyprus University of Technology, Limassol, Cyprus*
[c]*Professor, Faculty of Nursing, University of Alberta, 5-262 Edmonton Clinic Health Academy (ECHA), 11405-87th Ave. Edmonton, Alberta, Canada T6G 1C9. E-mail: papathan@ualberta.ca*

http://dx.doi.org/10.1891/WFCCN-D-20-00029

of PTSD symptoms in various clinical settings, and critical care nurses may experience among the highest rates of PTSD symptoms (Danella et al., 2017; Karanikola et al., 2015). STS is defined as the "cost of care," the stress experienced by the clinician who provides support to others who have been traumatized or are suffering (Figley, 1995). The terms STS and vicarious traumatization (McCann & Pearlman, 1990) are often used interchangeably. Although this indirect exposure to trauma, seemed to affect mostly hospice and oncology nurses (Beck, 2011), emerging evidence shows its high prevalence in critical care nurses as well (Salimi et al., 2020; Young et al., 2011).

Indeed, STS and PTSD are not new to critical nurses, albeit we know very little about potential coping mechanisms nurses are using, and the actual effects of these syndromes on them. Nurses appear to employ a variety of mechanisms ranging from avoidance, to seeking social support, and spirituality, to even leaving nursing (Partlak Günüşen et al., 2019; Wright, 2018). For the most part, nurses try to keep going; however, the COVID-19 pandemic has increased the level of hardship. The ongoing pandemic has exhausted healthcare systems, and has accentuated preexisting systemic problems. Nurses struggle not just with the morbidity and fatality of the acute respiratory and other organ system manifestations of a novel virus, but also with unique long-term physical and psychological sequelae, and rehabilitation challenges. Amid personnel, equipment, drug, and personal protective equipment (PPE) shortages, and despite concerns over theirs and their families' safety, and exhaustion, nurses and other healthcare workers worldwide continue to provide the best possible care, often working compulsory overtime, and with no paid leave (Carrière et al., 2020). They have been called "heroes"; however, facing an unpresented influx of patients and grave safety concerns, nurses have often felt "expendable" and as "sheep sent to slaughter" (Ali, 2020). Nurses are speaking of loss of perspective, pessimism, a crisis of spiritual values and moral distress due to care rationing, shortages of ventilators, difficult decisions to not resuscitate or intubate (Evans et al., 2020). They are scared and struggle with the need to balance isolation protocols with the importance of touching the patient, and being present; while family members are prohibited to visit. Infection-control protocols create unique barriers to patient-centered care for clinicians who are also coping with their own moral distress. For patients, social distancing and PPE contribute to alienation and loneliness. At the same time, for clinicians, the moral distress associated with the context of care may accentuate STS symptoms (Christodoulou-Fella et al., 2017).

Hospitals are described as battlefields and nurses are constantly witnessing war-like situations that become more and more intense as the pandemic progresses. Nurses worldwide are enduring feelings of fatigue, fear, anxiety, and vulnerability (Galehdar et al., 2020). While wearing, for up to 12 hours daily, a head cover, two masks, a face shield, goggles, two pairs of gloves and a gown, breathing, touching their face, drinking water, going to the bathroom is a challenge. Fulfilling their day-to-day roles on a personal, family, and social level has become challenging over fears of becoming infected and transmitting the virus to their loved ones. At the same time they endure social stigma due to their close contact with COVID-19 patients (Abdelhafiz & Alorabi, 2020). Anecdotal and research evidence show nurses being denied services or opportunities, such as renting an apartment, or their family members being stigmatized and marginalized (Taylor et al., 2020).

REFLECTION AND CONCLUSION

Despite the trauma and suffering, critical care clinicians are also talking about a revitalized sense of meaning and purpose, and of renewed solidarity and comradery (Brindley, 2020). Bearing in mind that severe mental health manifestations, for example, suicide rates, seem to decline following massive social crises, such as physical disasters, terrorist attacks, one wonders what the eventual psychosocial imprint of this pandemic will look like. A "pulling together effect"

(Montgomery et al., 2018) has been described when people share a traumatic experience. As individuals support one another, increased solidarity and strengthened social connectedness ensue, which lead to increased resilience. Advancements in technology (e.g., smart phones, tablets, social media) further promote the "pulling together" effect. Connectedness among critical care nurses may serve as a buffer against COVID-19 psychological and mental stressors. We have gained deep learnings about the power of supporting one another within the work environment. Yet, based on the adverse secondary outcomes of the pandemic on the psychological and mental well-being of critical care clinicians, prevention efforts are still needed to secure mental health in clinicians; including a comprehensive approach that considers multiple health priorities in physical, mental, spiritual, and psychological level during this social crisis.

REFERENCES

Abdelhafiz, A. S., & Alorabi, M. (2020). Social stigma: The hidden threat of COVID-19. *Frontiers in Public Health*, *8*, 429. https://doi.org/10.3389/fpubh.2020.00429

Ali, S. S. (2020). *Why some nurses have quit during the coronavirus pandemic*. https://www.nbcnews.com/news/us-news/why-some-nurses-have-quit-during-coronavirus-pandemic-n1201796

American Psychiatric Association. (2013). *Diagnostic and statistical manual of mental disorders* (5th ed.). American Psychiatric Publishing.

Beck, C. T. (2011). Secondary traumatic stress in nurses: A systematic review. *Archives of Psychiatric Nursing*, *25*(1), 1–10. https://doi.org/10.1016/j.apnu.2010.05.005

Brindley, P. G. (2020). 'Life in the trenches': An Edmonton ICU doctor describes the war against COVID-19. *National Post*. https://nationalpost.com/opinion/life-in-the-trenches-an-edmonton-icu-doctor-describes-the-war-against-covid-19

Carrière, G., Park, J., Deng, Z., & Kohen, D. (2020). *Overtime work among professional nurses during the COVID-19 pandemic*. https://www150.statcan.gc.ca/n1/pub/45-28-0001/2020001/article/00074-eng.htm

Chew, N. W. S., Lee, G. K. H., Tan, B. Y. Q., Jing, M., Goh, Y., Ngiam, N. J. H., Yeo, L. L. L., Ahmad, A., Ahmed Khan, F., Napolean Shanmugam, G., Sharma, A. K., Komalkumar, R. N., Meenakshi, P. V., Shah, K., Patel, B., Chan, B. P. L., Sunny, S., Chandra, B., Ong, J. J. Y., & Sharma, V. K. (2020). A multinational, multicentre study on the psychological outcomes and associated physical symptoms amongst healthcare workers during COVID-19 outbreak. *Brain, Behavior and Immunity*, *88*, 559–565.

Christodoulou-Fella, M., Middleton, N., Papathanassoglou, E. D. E., & Karanikola, M. N. K. (2017). Exploration of the association between nurses' moral distress and secondary traumatic stress syndrome: Implications for patient safety in mental health services. *Biomed Research International*, *2017*, 1908712. https://doi.org/10.1155/2017/1908712

Danella, N., Hamilton, S., & Heinrich, C. (2017). Posttraumatic stress disorder in critical care nurses. *Nursing Critical Care*, *12*(3), 40–46. https://doi.org/10.1097/01.CCN.0000515980.94246.40

Drennan, V. M., & Ross, F. (2019). Global nurse shortages—The facts, the impact and action for change. *British Medical Bulletin*, *130*(1), 25–37. https://doi.org/10.1093/bmb/ldz014

Evans, A. M., Jonas, M., & Lantos, J. (2020). Pediatric palliative care in a pandemic: Role obligations, moral distress, and the care you can give. *Pediatrics*, *146*(1), e20201163. https://doi.org/10.1542/peds.2020-1163

Figley, C. R. (1995). Compassion fatigue: Toward a new understanding of the costs of caring. In B. H. Stamm (Ed.), *Secondary traumatic stress: Self care issues for clinicians, researchers, and educators* (p. 10). Sidran Press.

Galehdar, N., Kamran, A., Toulabi, T., & Heydari, H. (2020). Exploring nurses' experiences of psychological distress during care of

patients with COVID-19: A qualitative study. *BMC Psychiatry*, *20*(1), 489. https://doi.org/10.1186/s12888-020-02898-1

International Council of Nurses. (2020). *ICN confirms 1,500 nurses have died from COVID-19 in 44 countries and estimates that healthcare worker COVID-19 fatalities worldwide could be more than 20,000 [on line]*. https://www.icn.ch/sites/default/files/inline-files/PR_52_1500%20Nurse%20Deaths_FINAL-3.pdf

Kambhampati, A. K., O'Halloran, A. C., Whitaker, M., Magill, S. S., Chea, N., Chai, S. J., Daily Kirley, P., Herlihy, R. K., Kawasaki, B., Meek, J., Yousey-Hindes, K., Anderson, E. J., Openo, K. P., Monroe, M. L., Ryan, P. A., Kim, S., Reeg, L., Como-Sabetti, K., Danila, R., . . . COVID-NET Surveillance Team. (2020). COVID-19-associated hospitalizations among health care personnel-COVID-NET, 13 States, March 1–May 31, 2020. *MMWR, Morbidity and Mortality Weekly Report*, *69*(43), 1576–1583. https://doi.org/10.15585/mmwr.mm6943e3

Karanikola, M., Giannakopoulou, M., Mpouzika, M., Kaite, C. P., Tsiaousis, G. Z., & Papathanas soglou, E. D. (2015). Dysfunctional psycholo gical responses among Intensive Care Unit nurses: A systematic review of the literature. *Revista da Escola de Enfermagem da USP*, *49*(5), 847–857. https://doi.org/10.1590/S0080-623420150000500020

Marzetti, F., Vagheggini, G., Conversano, C., Miccoli, M., Gemignani, A., Ciacchini, R., Panait, E., & Orru, G. (2020). Secondary traumatic stress and burnout in healthcare workers during COVID-19 outbreak. *medRxiv*. https://doi.org/10.1101/2020.09.13.20186692

McCann, I. L., & Pearlman, L. A. (1990). Vicarious traumatization: A framework for understanding the psychological effects of working with victims. *Journal of Traumatic Stress*, *3*, 131–149. https://doi.org/10.1080/14330237.2016.1163894

Montgomery, T., Baglioni, S., Biosca, O., & Grasso, M. (2018). Pulling together or pulling apart? Solidarity in the post-crisis UK. In C. Lahusen & M. Grasso (Eds.), *Solidarity in Europe. Palgrave Studies in European Political Sociology*. Palgrave Macmillan. https://doi.org/10.1007/978-3-319-73335-7_4

Partlak Günüşen, N., Üstün, B., Serçekuş Ak, P., & Büyükkaya Besen, D. (2019). Secondary traumatic stress experiences of nurses caring for cancer patients. *International Journal of Nursing Practice*, *25*(1), e12717. https://doi.org/10.1111/ijn.12717

Salimi, S., Pakpour, V., Rahmani, A., Wilson, M., & Feizollahzadeh, H. (2020). Compassion satisfaction, burnout and secondary traumatic stress among critical care nurses in Iran. *Journal of Transcultural Nursing*, *31*(1), 59–66. https://doi.org/10.1177/1043659619838876

Taylor, S., Landry, C. A., Rachor, G. S., Paluszek, M. M., & Asmundson, G. J. G. (2020). Fear and avoidance of healthcare workers: An important, under-recognized form of stigmatization during the COVID-19 pandemic. *Journal of Anxiety Disorders*, *75*, 102289. https://doi.org/10.1016/j.janxdis.2020.102289

World Health Organization. (2020). *Year of the nurse and midwife 2020*. https://www.who.int/news-room/campaigns/year-of-thenurse-and-the-midwife-2020

Wright, D. B. (2018). *I left nursing because of secondary traumatic stress*. https://nursingcentered.sigmanursing.org/features/more-features/i-left-nursing-because-of-secondary-traumatic-stress

Young, J. L., Derr, D. M., Cicchillo, V. J., & Bressler, S. (2011). Compassion satisfaction, burnout, and secondary traumatic stress in heart and vascular nurses. *Critical Care Nursing Quarterly*, *34*(3), 227–234. https://doi.org/10.1097/CNQ.0b013e31821c67d5

Disclosure. The authors have no relevant financial interest or affiliations with any commercial interests related to the subjects discussed within this article.

Funding. The authors received no specific grant or financial support for the research, authorship, and/or publication of this article.